

Universal Standards for Michigan Department of Community Health – Continuum of Care Funded Agencies in Michigan



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Michigan Department of Community Health
Division of Health, Wellness and Disease Control
HIV/AIDS Prevention and Intervention Section
Continuum of Care**

**UNIVERSAL STANDARDS OF SERVICE
FOR CASE MANAGEMENT IN MICHIGAN**

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INTRODUCTION

The Universal Standards were developed to ensure the quality and consistency of HIV services throughout the State of Michigan. All agencies funded by the Michigan Department of Community Health, Division of Health, Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section, Continuum of Care Unit must adhere to these standards.

1.0 Universal Standards

Standard	Measure
1.1 Providers must have formal collaboration agreements with medical providers, other HIV service organizations and prevention programs, as well as city, county, state, federal and private organizations providing similar services in the community.	1.1 Documentation/copies of formal agreements with other organizations are on file at agency and are updated annually.
1.2 Staff should be familiar with and have access to an updated and comprehensive resource list of available services for persons living with HIV.	1.2 Copy of resource list available at agency.
1.3 Providers must have regular hours of operation in an appropriate setting and have walk-in services available to clients.	1.3 Documentation of hours of operation. Documentation of flexible hours. Walk-in policy.
1.4 Providers must ensure that accommodations can be made for clients who cannot schedule appointments during “normal” business hours and that service hours are appropriate for target populations.	1.4 Documentation of flexible hours of operation.
1.5 Procedures should be in place, which ensure coverage of the caseload in the absence of staff or when a position is vacant, and how clients should obtain emergency assistance outside of regular work hours.	1.5 Agency policy on file.
1.6 Services must be appropriate for the target population, (see CLAS Standards).	1.6 Agency adheres to CLAS Standards.
1.7 Agencies must have policies in place to ensure that financial resources are not used to provide items or services for which payment has already been made or can reasonably be expected to be made by third party payers, including Medicaid, Medicare, other Federal, State or local health programs or insurance plans, prepaid health plans, private insurance, and other entitlement programs.	1.7 Policy on financial eligibility, payer of last resort, and client eligibility.
1.8 Agencies must develop a comprehensive screening process to determine a client’s eligibility for alternative resources.	1.8 Copy of screening tool.

1.9	Case managers must be adequately and appropriately experienced and trained. The minimum educational requirements for someone providing case management is an RN, (with a Baccalaureate Degree in Nursing preferred), a Bachelor of Social Work (BSW) degree, or other related health or human service degree from an accredited college or university. Alternatively, related experience can be substituted which has been performed under the supervision of a human service professional for a period equivalent to two (2) years of full time service, regardless of academic preparation.	1.9	Copies of staff resumes and credentials.
1.10	Agencies provide staff with job descriptions that address minimum qualifications, core competencies, and job responsibilities.	1.10	Copies of job descriptions.
1.11	<p>Upon hiring, staff should be provided with a structured orientation, which includes:</p> <ul style="list-style-type: none"> • An initial orientation to the Standards of Service for HIV case management in Michigan; • Agency policies regarding confidentiality, security of client information, and grievance procedures; • An introduction to applicable local, state, and federal referral resources and programs, and related eligibility criteria; • Review of the client eligibility and intake process, and required client file documentation; • Basic and advanced information on HIV disease; • Basic knowledge of HIV transmission risks and secondary prevention; • Any other relevant policies of the organization; and • Professional boundaries in relations between staff/volunteers and case management clients. 	1.11	<p>Copy of orientation process or checklist is on file at agency.</p> <p>Employee documentation that orientation occurred.</p> <p>Documentation of local, state and federal resources and other services/programs available to PLWH/A.</p>

1.12	All staff hired to provide case management must successfully complete the MDCH/DHWDC/HAPIS, HIV/AIDS Case Management Certification Training and Examination to be certified as a case manager within one (1) year of beginning employment as a case manager.	1.12	Documentation of Case Management Certification for all case managers employed.
1.13	Case managers must be re-certified every two (2) years through completion of training updates approved by MDCH/DHWDC/HAPIS.	1.13	Documentation of recertification for all case managers within two (2) years of initial certification.
1.14	Agencies must facilitate routine and consistent in-house inservices/training related to policies and practices, case management standards, community resources, documentation, and other essential topic areas relevant to HIV case management.	1.14	Documentation or log of inservices/training and a list of participants.
1.15	Staff should have access to external training resources as deemed necessary for professional skill development. Agencies should have a mechanism in place to assess staff training needs on a regular basis and allow continuing education and professional development opportunities to be pursued by their staff.	1.15	Documentation or log of external trainings. Documentation of staff training needs.
1.16	Each provider will have a policy pertaining to client confidentiality that is in accordance with federal laws, 42 C.F.R. 2.31 and Michigan's HIV Confidentiality Law, MCL 333.5131. All staff who have access to confidential information will sign a confidentiality statement.	1.16	Agency confidentiality policy exists and signed confidentiality statements for each staff member who has access to confidential information are on file.
1.17	As part of the confidentiality policy, all agencies will provide Release of Information forms specifying HIV-related information and include a description of the circumstances under which client information can be released, name of agency/individual with whom information will be shared, specific information to be shared, duration of the release consent, and client's signature.	1.17	Agency release of information policy.
1.18	Client information transmitted through a facsimile (FAX) machine may only be transmitted under conditions that ensure that strict confidentiality is maintained by	1.18	Agency policy on faxing documents and confidentiality.

the agencies and/or persons sending and receiving the client information.

- 1.19 Agencies must provide a secure storage system for client files (hard copy), which prevents access by unauthorized persons. Files must be stored in locked storage units within a room or facility, which is securely locked and restricted from public access.

- 1.20 Agencies storing client information on computer hard drive, electronic media or other automated systems must ensure that:
- Access is blocked by a security code and limited to case management staff cleared for use;
 - Interdepartmental systems block access between departments;
 - Computer monitors are placed to prevent unauthorized viewing;
 - Systems with modems are blocked from outside agency access;
 - Agencies provide consumers the necessary information for an educated choice regarding the security of email transmittals; and
 - Proper backup procedures are systematically followed for critical client information.

- 1.21 Client files and information which are transported outside the provider agency should be handled in a manner which ensures absolute security and confidentiality, i.e., never left unattended, transported in a manner (envelope, file, briefcase, etc.) which does not disclose client-specific information, and handled only by authorized persons. Agencies should have procedures in place to document when and by whom client files are removed from and returned to the filing system. Client files which are transported through the U.S. mail system or commercial carrier should be securely packaged, marked as “confidential” on the face of the package, and shipped at a rate comparable to “first class” mail or by using certified or registered mail.

- 1.19 Agency policy and practice on storing client files.

- 1.20 Agency policy on storing client information electronically.

Under no circumstances should a CD, flash drive, or other electronic media which contains client names or identifying data be removed from the agency.

- 1.21 Agency policy on transporting client files.

1.22	Each agency will have a policy identifying the steps a client should follow to file a grievance and specific action items and responsibilities of the client and the agency. The final step of the grievance policy should include information on how the client may appeal the decision if the client's grievance is not settled to his/her satisfaction within the provider agency.	1.22	Client grievance policy on file at agency.
1.23	New clients are to be informed of the grievance policy and procedures during intake. Clients will be reminded of the grievance policy at any time that a problem is identified that may result in a grievance.	1.23	Documentation that new clients receive information on agency grievance policy.
1.24	All providers must provide a copy of a grievance to MDCH-DHWDC-HAPIS within three (3) business days.	1.24	Grievance on file at MDCH.
1.25	All providers must provide a copy of the resolution of a grievance to MDCH-DHWDC-HAPIS within three (3) business days.	1.25	Grievance resolution on file at MDCH.
1.26	Agencies must have policies and procedures that protect the rights and outline the responsibilities of the clients and the agency. All clients have the right to be treated respectfully by staff, and the client's decisions and needs should drive services. Agencies must develop a written Client Rights and Responsibilities Statement that is reviewed with each client, signed by the client, and a copy provided to the client during the intake or assessment process.	1.26	Policy on client rights and responsibilities and documentation that client received this information.
1.27	Agencies must obtain written informed consent for the delivery of HIV services from their clients.	1.27	Consent to serve form in each client file.
1.28	Agencies can reserve the right to refuse services to clients who are verbally or physically abusive to staff, or who possess illegal substances or weapons on agency property.	1.28	Agency policy on file.

1.29	Agencies must develop a quality management or assurance plan, which evaluates HIV case management services based on established standards. Quality assurance may include peer review, independent chart audits, and/or other measures of program performance that assess the quality, quantity, appropriateness, cost effectiveness and outcome/impact of case management services.	1.29	Quality management plan and evaluation of activities are on file at agency. Results of quality assurance activities and evaluation on file at agency.
1.30	Agencies must systematically monitor the needs, priorities and preferences of the communities served, and adjust programs accordingly.	1.30	Documentation on file at agency.
1.31	Each agency must conduct periodic client satisfaction surveys, at least annually, to determine the level of client satisfaction with case management services provided by the agency. The agency should carefully review the results of the surveys for the purposes of making decisions about revisions to the services offered or the service design and delivery system, to better address changing client needs.	1.31	Client satisfaction surveys and results on file at agency. Changes in services, based on evaluation results, are on file at agency.
1.32	Agencies are also encouraged to establish a client advisory group, which may provide formal and/or informal advice and recommendations. An advisory group should be representative of the client population being served through the program and it should meet regularly for purposes of providing improvement suggestions about services or service design and delivery, and input about client needs.	1.32	Documentation of client advisory group meetings, number of people on advisory group, and its recommendations.